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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/451,238 11/29/1999 ABN  
 and is a CIP of 09/513,773 02/25/2000 PAT 6,579,253  
 and is a CIP of 09/513,446 02/25/2000 ABN  
 and is a CIP of 09/513,902 02/25/2000 PAT 6,554,789  
 and is a CIP of 09/512,927 02/25/2000 PAT 6,589,482  
 and is a CIP of 09/512,929 02/25/2000 PAT 6,638,477  
 and is a CIP of 09/513,910 02/25/2000 PAT 6,830,553  
 and is a CIP of 09/513,564 02/25/2000 ABN  
 and is a CIP of 09/513,915 02/25/2000 PAT 6,595,943  
 and is a CIP of 09/894,236 06/27/2001 PAT 6,686,946  
 which is a DIV of 08/800,881 02/14/1997 ABN

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED .  
 \*\* 02/13/2002

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 14	TOTAL CLAIMS <del>21</del> 6	INDEPENDENT CLAIMS <del>4</del> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance	Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials			

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 21890  
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TITLE

Systems and methods for performing blood processing and/or fluid exchange procedures

<p>FILING FEE RECEIVED 486</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<p><input type="checkbox"/> All Fees</p> <p><input type="checkbox"/> 1.16 Fees ( Filing )</p> <p><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</p> <p><input type="checkbox"/> 1.18 Fees ( Issue )</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Credit</p>
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